



DEPARTMENT OF FINANCE & ADMINISTRATION  
Office of Personnel Management  
**Authorization to Work Overtime**

Name (Last, First, Middle)			BEGIN Overtime (Hour) (MM/DD/YY)
Personnel Number	Business Area	Personnel Area	END Overtime (Hour) (MM/DD/YY)
Reason Requesting Overtime			
Signature and Title of Employee			Date
<b><i>This form must be approved PRIOR to working overtime and MUST be attached to the Employee's Timesheet.</i></b>			

## Authorization to Work Overtime

I affirm that overtime work is necessary, and that the Office/Division/Department has sufficient appropriation approved by the State Fiscal Officer and funding in the agency's current budget to fund the overtime worked.

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date (MM/DD/YY)
	Approving Authority	Date (MM/DD/YY)

